

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS12 11 5:00
Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Bob Casey for Senate Inc

ADDRESS (number and street)

PO Box 58748

Check if different
than previously
reported. (ACC)

Philadelphia

PA

19102

2. FEC IDENTIFICATION NUMBER ▼

C C00431058

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT

PA

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

MM / DD / YYYY

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
07 / 01 / 2011MM / DD / YYYY
01 / 01 / 2011MM / DD / YYYY
12 / 31 / 2011

through

MM / DD / YYYY
09 / 30 / 2011MM / DD / YYYY
12 / 31 / 2011MM / DD / YYYY
12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles Lyons

Signature of Treasurer

Charles Lyons

Date

MM / DD / YYYY
07 / 12 / 2012MM / DD / YYYY
12 / 12 / 2012MM / DD / YYYY
12 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)

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